

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	22200	5-3-00
O.I.P.E. CLASSIFIER		19	5 9 00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	hw	64830	7-11

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/1/00
2	5/1/00
3	5/1/00
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Claim	Date
Final Original	
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100	5/1/00

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
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